Los Angele's County Sheriff's Department Supervisor's Report on Use of Force Page 1 of 5

- 1			Incident Infor	mation						
	URN: 0 1 8 - 1 5 3 5 9 -	2 8 2	3 - 1 5 1	Date:	10/24	/18 Time:	1912	Hours		
١	Location: 809 East Rosecra	pton								
	Bureau/Station/Facility: Central Patrol Division / Compton Station Admin. Investigation: O YES NO									
	Type of Force: Personal Weapon	s (Hand/A	rm/Other) / Con	trol Holds	(Contro	l Techniques) /	Restrain	t Device		
- 1	Incident Category: 01 02	3	Deputy Ir	ijury: 📵	YES ()	NO Suspect Inju	ıry 💿 Y	ES O NO		
	☐ Call 🛛 O	bservation		Detail		Foot Pursuit	☐ Vehic	cle Pursuit		
	IAB Notified: OYES ONO Person	Notified:	Sergeant Barre	on Em		IAB Roll	Out ①	YES O NO		
			Involved Emp							
1	Last Name Ci	uevas	Fire	st Name	Edgar	N	fiddle I. S.	Rank DSG		
	Sex: Race: Height:		Age: Shift:	M () Day	● PM	(Regular Shift (OT Shift	Off Dub		
	● M ○ F H 510	200				Regular Stiff () 01 3mm	Oli buly		
-	Unit of Assignment: Compton Station	١,	Work Assignment (Uni	t#, Module, e	etc.): 284	4D				
	Individual Force Used:				20	10	Individual	Category		
	Personal Weapons/Control H	olds/Restr	raint Device	C Directed	(Rescu	e (Medical Assist	O1 @)2 (3		
	☐ Injured ☐ Treated ☐ Admitted	Facility:	,	N/A				er Case #		
2	Last Name		Firs	st Name	- 2.0	N	Aiddle I.	Rank DSG		
=	Sex: Race: Height:	Weight:	Age: Shift:		0.00	(C) D () D ()	0 0 = 0 110			
	● M ○ F H 509 183 ○ EM ○ Day ● PM ● Regular Shift ○ OT Shift ○ Off Duty									
	Unit of Assignment:	٧	Work Assignment (Unit #, Module, etc.): 284D							
	Compton Station Individual Force Used:		Individual Category							
	Personal Weapons/0	Control Ho	lds	C Directed	(Rescu	e (Medical Assist		2 03		
	☐ Injured ☐ Treated ☐ Admitted	Facility:		N/A				er Case #		
3	Last Name	arcia	Fin	st Name	Migue	j.	Aiddle I.	Rank B-1		
	Sex: Race: Height:	Weight:	Age: Shift:	M (Day	● PM	Regular Shift (OT Ship	Off Dut		
	● M ○ F H 511	192		0 .		(Negolal Still () 01 Sillit	Oli Dui		
	Unit of Assignment: Compton Station	,	Work Assignment (Unit #, Module, etc.): 285D							
	Individual Force Used:			1	20	0 D	Individua	Category		
	Personal Weapons/6	Control Ho	Holds Directed Rescue Medical Assist					○1 ⊙2 ○3		
	☐ Injured ☐ Treated ☐ Admitted	Facility:		N/A				er Case # N/A		
	E marca E reason E resista		On Duty Supe			Ad		ived Employee		
1	Emp # Last Name	Fire	st Name		Middle I.	Rank Presen	t Witne	ess to Incider		
		Su	pervisor Completi	na Invoctia	ation	SGT YES ON	YES	O NO O		
	Emp_# Last Name		st Name		Middle I.	Rank Presen		ess to Incider		
	Johnson	Watch	Steven Commander / Sur			SGT YES ON) (I) YES	O NO ①		
	Last Name Jones		rst Name Robert		Middle I.	Rank I T				
		10				-		COTT A		
	Watch Commander / Supervising Lieute	nant's Signa	iture:	Date	Conv P	rovided to Emplo	vee by:	Emp#:		
	trains asimumizer, asheitimi prome	vigitu			Oopy (TOTALGE TO EMPRE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Unit Commander (Print Name)		Unit Comn	nander's Si	ignature	; E	mp #:	Date		
	FO#	ПР	PI REVIEW CO	MPLETE		Original: Discovery I	-la-			
		ш.				Copy: Unit Comman	ider SH-I	R-438P (Rev. 01/1		
	2467041									

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

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										Page	e 2 of 5	
	Em t	Last Name			inv	olved Emplo First	yee Name		M		Rank	
E4			T AND LEAD	142-1-64			None				Rank DSG	
	Sex: M O F	Race:	Height: 509	Weight: 175	Age:	Stwit;	O Day	● PM	Regular Shift (OT Shi	ift Off Duty	
	Unit of Assignme	ompton S	tation		Work Assignment (Unit #, Module, etc.): 285D							
	Individual Force		tation		2635					Individual Category		
			Control Ho	ids	Directed Rescue Medical Assist					● 1		
	Injured	Treated	Admitted	Facility:			N/A			Coro	N/A	
E 5	E	Last Name				First	Name		M		Rank DSG	
	Sex:	Race:	Height: 511	Weight: 185	Age:	Shift: EM	Day	ОРМ	Regular Shift (OT Shi	ft Off Duty	
	Unit of Assignme				Work As:	signment (Unit	, Module,					
	Individual Force	ompton S	tation					- 28	35	Individu	al Category	
			raint Devic	e: Hobbi	e (Legs	Only)	Directed	i (Rescu	e (* Medical Assist	● 1	○2 ○3	
	Injured	Treated	Admitted	Facility:			N/A			Coro	ner Case # N/A	
E 6		Last Name				First	Name		N		Rank DSG	
	Sex: ○ M ● F	Race:	Height: 506	Weight: 145	Age:	Shift: EM	O Day	● PM	Regular Shift (OT Shi	ifi Off Duty	
	Unit of Assignme		Work Assignment (Unit #, Module, etc.): 283T1									
	Compton Station Individual Force Used: Control Holds				← Directed ← Rescue ← Medical Assist					_	al Category	
	Injured	Treated	Admitted		r. N/A					Coroner Case # N/A		
E_	Employee #	Last Name				First	Name		N	liddle I.	Rank	
	Sex:	Race:	Height:	Weight:	Age:	Shift: EM	O Day	○ PM	Regular Shift (OT Shi	ift Off Duty	
	Unit of Assignme	ent:			Work As	signment (Unit :	#, Module.	etc.):				
	Individual Force	Used:			1		0 -	. 0 -	0		al Category	
							Directed	(Rescu	e Medical Assist		2 (3 ner Case #	
	Injured	Treated	Admitted	Facility:						000	INI VISC IF	
E_	Employee #	Last Name				First	Name		N	liddle I.	Rank	
	Sex:	Race:	Height:	Weight:	Age:	Shift: EM	O Day	○ PM	Regular Shift (OT Shi	ift Off Duty	
	Unit of Assignme	ent:			Work Assignment (Unit #, Module, etc.):							
1	Individual Force	Used:					Directed	d (Rescu	ne (Medical Assist		al Category	
	Injured	Treated	Admitted	Facility:					-	Coro	ner Case #	

Supervisor's Report on Use of Force SUSPECT INFORMATION

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			Suspect Informa					
S_1	Last Name Magdaleno	First Name	Angol	Middle Name Sebastian	Armed? Select Firearm (Handgun)			
		dringer	Angel First Name		Middle Name Sebastian			
	KC	driguez		Angel	Sebastian			
	Sex: Race: H	Age: Height: 509	Weight D.O.B: 150 10/06/9	Phone #1: O H O W	O C Phone #2: O H O W O C			
	Street Address:	23 309	City:	3	State & Zin Code:			
	OBEST FUNICSS.							
	Booking #: 5456447 Prima	ry Charge Code:	29800(a)1 PC Se	condary Charge Code: 34	55(b)1 PC Criminal History			
	Treated on Scene? YES .	NO Name: Ca	ptain Hendersen	Unit: Engine 42	1 Phone #: (310) 632-1634			
	Hospital Admission? Rec'd Tre	atment At: Lake	ewood Regional	Coroner Case #: N//	A Mental History User's guide provides direction on this entry			
	By: Dr. Reynolds/Dr. Perln	nan Address: 3	3700 E South St,	akewood, CA 90712	2 Phone #: (562) 531-2550			
	Under Influence: YES NO	Substance:	Marijuana	5150 a factor in f	orce? YES NO User's guide provides of the entry			
	Date: 10/25/18 Time: 02	50 Audio	-		aries: ADMITS HEARING ANNOUNCEMENTS			
S_	Last Name	First Name	Suspect Inform	Middle Name	Armed? Select			
	AKA Last Name		First Name		Middle Name			
	Sex: Race:	Age: Height:	D.O.B. Weigh	t: Phone #1: O H O W	O C Phone #2: O H O W O C			
	Street Address:		City:		State & Zip Code:			
	Booking #: Prima	ary Charge Code:	Se	econdary Charge Code:	Criminal History			
	Treated on Scene? YES	NO By:		Unit:	Phone #:			
	Hospital Admission? Rec'd Tre	eatment At:		Coroner Case #:	Mental History User's guide provides direction on this entry			
	Ву:	Address:			Phone #:			
	Under Influence: YES N	O Substance:		5150 a factor in	force? YES NO User's guide provides			
	Date: Time:	Audio	otape: Videota	1	ADMITS HEARING ANNOUNCEMENTS			
S_	Last Name	First Name	Suspect informa	Middle Name	Armed? Select			
<u> </u>	AKA Lasi Name	1912-01	First Name		Middle Name			
	Sex: Race:	Age: Height:	D.O.B. Weigh	: Phone #1: O H O W	O C Phone #2: O H O W O C			
	Male Female							
	Street Address:		City:		State & Zip Code:			
	Booking #: Prima	ary Charge Code:	Se	econdary Charge Code:	Criminal History			
	Treated on Scene? YES	NO By:		Unit:	Phone #:			
	Hospital Admission? Rec'd Tre	eatment Al:		Coroner Case #: Mental History User's gr				
	By:	Address:		Phone #: 5150 a factor in force? YES NO User's guide provides direction on this entry				
	Under Influence: YES N	O Substance:						
	Date: Time:	☐ Audio	otape: Videota	pe: Photos of Inju	uries: ADMITS HEARING			
	SH.R.438P (Rev. 01/13)] [,			Additional Suspects Involved			

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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		E	mployee Witness	es				
Emp_#	Last Name		First Name	6 "	A 10	Middle Na		
Unit of Assignment		nzor	A Madida atak	Rogelio		Ļ—	J.	
Unit of Assignment: Compton	1	rk Assignment (Unit i 287D		Shift:	O Day PM	(Reg	gular () (OT Off Duty
Emp.#	Last Name	2072	First Name			Middle Na	-	
Unit of Assignment:		rk Assignment (Unit		Shift: EM	Day	Por	gular	Off Duty
Compton S	Last Name	280	First Name	Civi	Day	Middle Na		Oli Daty
Cmp. #	Last Name		THAT INDING			WIIGGIS 140	1116	
Unit of Assignment:	Wo	rk Assignment (Unit :	#, Module, etc.):	Shift:	0			0
					O Day PM	○ Reg	gular () (OT Off Duty
Last Name		Non First Name	-Employee Witnes	Middle	Name		Age	D.O.B.
Last Name		ristrians		Middle	Traine .	- 1	Ago	D.O.D.
Street Address			City		Zip Code	Phone #1	P	hone #2
Last Name	11	First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	P	hone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	P	hone #2
		1		Line			A==	
Last Name		First Name		Middle	Name		Age	D.O.B.
Ohn ak Addana			City		Zip Code	Phone #1	Ip.	hone #2
Street Address			City		Zip Code	riione #1	1	NOTIC #2
Last Name	3 6	First Name	1	Middle	Name	- 1	Age	D.O.B.
Street Address			City		Zip Code	Phone #1	P	hone #2
Last Name		First Name		Middle	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	PI	hone #2
		-						
Last Name		First Name		Middle	Name	- 1	Age	D.O.B.
			10%		Tain Code 1	Phone #1	In	hann #2
Street Address			City		Zip Code	CHOILE #1		hone #2
Last Name		First Name	1	Middle	Name		Age	D.O.B.
Last Hallie		, not reality					. 3*	
Street Address	···	L	City		Zip Code	Phone #1	PI	hone #2
Last Name		First Name		Middle I	Name		Age	D.O.B.
Street Address			City		Zip Code	Phone #1	PI	none #2
							Additi	onal Witness

Supervisor's Report on Use of Force
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Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(RO)	Restraint Device (Other)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(IR)	Less Lethal Impact Round (other)
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative
				(HR)	High Risk

Type of Injury				Bod	y Part Invo	ived			
(AB) Abrasion (BR) Bruise (BU) Burn (CP) Complaint of Pain (CO) Concussion (DH) Death (DI) Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	 (AD) (AK) (AR) (BK) (BT) (CH) (EL)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(HI) (IN) (KN) (LE) (NK) (NO) (SH) (VR)	Hip Internal Knees Leg Neck Nose Shoulder Wrist

DBY	FORCE USED AG	AINST	Mathad		Body Part	
E# or S#	Name	E# or S#	(Code)	(Code)	(Code)	
S#1	Cuevas	E#1	HR	NN	HD	
E#1	Magdaleno	S#1	PH	BR	FA	
E#2		S#1	PO	NN	AD	
S#1	Cuevas	E#1	RS	NN	AR	
E#3	Magadaleno	S#1	CT	NN	AR	
E#4		S#1	CT	NN	AR	
S#1		E#3	RS	NN	SH	
E#3		S#1	PH	BR	FA	
S#1	Garcia	E#3	RS	NN	AR	
E#3	Magdaleno	S#1	PH	BR	HE	
			PK	NN	LE	
	Magdaleno		CT	NN	LE	
			CT	NN	LE	
			RH	NN	WR	
E#5	Magdaleno	S#1	HB	NN	LE	
					-	
	S#1 E#1 E#2 S#1 E#3 E#4 S#1 E#3 S#1 E#3 S#1 E#3 S#1 E#5 E#6 E#1	E# or S# Name S#1 Cuevas E#1 Magdaleno E#2 Magdaleno S#1 Cuevas E#3 Magdaleno S#1 Garcia E#3 Magdaleno S#1 Garcia E#3 Magdaleno S#1 Garcia E#3 Magdaleno S#1 E#5 Magdaleno E#6 Magdaleno E#1 Magdaleno E#1	E# or S# Name E# or S# S#1 Cuevas E#1 E#1 Magdaleno S#1 E#2 Magdaleno S#1 S#1 Cuevas E#1 E#3 Magadaleno S#1 E#4 Magdaleno S#1 S#1 Garcia E#3 E#3 Magdaleno S#1 S#1 Garcia E#3 E#3 Magdaleno S#1 S#1 S#5 E#5 Magdaleno S#1 E#6 Magdaleno S#1 E#1 Magdaleno S#1	E# or S# Name E# or S# Method (Code) S#1 Cuevas E#1 HR E#1 Magdaleno S#1 PH E#2 Magdaleno S#1 PO S#1 Cuevas E#1 RS E#3 Magdaleno S#1 CT E#4 Magdaleno S#1 CT S#1 Garcia E#3 RS E#3 Magdaleno S#1 PH S#1 Garcia E#3 RS E#3 Magdaleno S#1 PH S#1 S#5 PK E#5 Magdaleno S#1 CT E#6 Magdaleno S#1 RH	E# or S# Name E# or S# Method (Code) Injury (Code) S#1 Cuevas E#1 HR NN E#1 Magdaleno S#1 PH BR E#2 Magdaleno S#1 PO NN S#1 Cuevas E#1 RS NN E#3 Magdaleno S#1 CT NN E#4 Magdaleno S#1 CT NN S#1 Garcia E#3 RS NN E#3 Magdaleno S#1 PH BR S#1 Garcia E#3 RS NN E#3 Magdaleno S#1 PH BR S#1 Garcia E#3 RS NN E#3 Magdaleno S#1 PH BR S#1 CT NN E#5 Magdaleno S#1 CT NN E#6 Magdaleno S#1 RH NN	